

IMMUNIZATION RECORD

Semester / Year

Fall _____
Spring _____
Summer _____

Please note: Students are responsible for obtaining an official translation of foreign records prior to submission.
You must also complete Part 2 - Meningococcal Vaccination Response on page 2.

Student Information: -- To be completed by the student --			
Full Name (please print): _____ <i>Last name First name M.I.</i>			
Complete Address: _____			
Date of Birth:	EMPL ID #:	Contact Phone #:	Email Address:
____/____/____ <i>mm dd yyyy</i>	_____	() _____	_____

Measles, Mumps, Rubella (MMR):

Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to all students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of method of learning, degree-seeking or non-degree status at any CUNY campus.

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:

- (1) Immunization cards from childhood (*yellow card*), signed and stamped.
- (2) Immunization records from college, high school or any other schools you attended.
- (3) Signed and stamped immunization record from your health care provider or clinic.
- (4) Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending receipt of the immunization records from the armed services.

Part 1 - Immunization History: *If being completed by the student, please attach proof of vaccination and disregard section B**						
<i>Please note: If this form is completed by a medical provider; please enter full the vaccination dates in section A <u>and</u> complete all lines in section B. Incomplete forms will be returned to the student.</i>						
A.	MMR must be live vaccine and given no more than 4 days prior to first birthday. MMR (<i>measles, mumps, rubella</i>) – as combined dose.		month	day	year	
	○ Dose 1: No more than 4 days prior to first birthday, AND on or after January 1, 1972					
	○ Dose 2: At least 28 days after 1 st vaccine					
	O R	○ Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND				
		○ Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose				
○ Rubella		Immunized after 1969 and on or after first birthday				
	○ Mumps	Immunized after 1968 and on or after first birthday				
O R	Titers (blood test) showing positive immunity (<i>Dated lab report <u>MUST</u> be attached</i>)		month	day	year	
	○ Measles, Mumps, Rubella					
B.	Health care provider information: (<i>Must include official stamp</i>)					
	Name: _____		Address: _____			
	Signature: _____		License #: _____	Phone: () _____		

Instructions: *Please select one box in Section A below and sign and date in Section B*

- A. I have (for students under the age of 18: "My child" has):
- had a meningococcal immunization within the past 5 years. (date of vaccine; attach proof) ____ / ____ / ____
 - read, or have had explained to me, the information regarding meningococcal disease. ***I (my child) will obtain immunization against meningococcal disease within 30 days*** from my private health care provider and will submit proof to Student Health Services at the City College of New York.
 - read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) **WILL NOT** obtain immunization against meningococcal disease.

B.

Student Signature **(Parent/Guardian Signature if student is under 18 years)** _____

____ / ____ / ____
mm dd yyyy

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)

PLEASE SEE BELOW FOR WAYS TO SUBMIT IMMUNIZATION RECORDS:

FILE DROP:

<https://securetransfer.ccnycuny.edu/filedrop/shs@ccny.cuny.edu>

MAIL/IN-PERSON:

Student Health Services
160 Convent Avenue
Marshak Science Building, Suite J-15
New York, NY 10031

For Office of Health Services Staff Use Only

Processed by:

Staff Name: _____ Staff Signature: _____ Date: _____